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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003635 (0)**

1. Corporation Name

HOAGEN KEY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SRC
7290-424 COLLEGE PKWY
FT MYERS FL 33907
US

C/O BMCO
126 E 56TH STREET, 10TH FLOOR
NEW YORK NY 10022
US

3. Date Incorporated or Qualified

08/10/1993

4. FEI Number

22-3254596

Applied For

Not Applicable

2. Principal Place of Business **C/O SUNSET**

2a. Mailing Address

21 7181 College Parkway

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 38

27

City & State

City & State

23 Ft. Myers, FL

28

Zip

Zip

Country

Country

24 33907

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYMANS, MICHAEL P
2315 AARON ST.
PORT CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN CLIEF, MARY A	
STREET ADDRESS	126 E 56TH ST, 10 FL	
CITY - ST - ZIP	NEW YORK NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BIGGS, VICTOR	
STREET ADDRESS	7290-424 COLLEGE PKWY	
CITY - ST - ZIP	FT MYERS FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7181 College Parkway, Suite 38
2.4 CITY - ST - ZIP	Ft. Myers, FL 33907

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	PEREIRA, JEANETTE	
STREET ADDRESS	126 E 56TH ST, 10 FL	
CITY - ST - ZIP	NEW YORK NY	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALL, VALERIE	
STREET ADDRESS	7290-424 COLLEGE PKWY	
CITY - ST - ZIP	FT MYERS FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7181 College Parkway, Suite 38
4.4 CITY - ST - ZIP	Ft. Myers, FL 33907

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Ann Van Clief* (MARY ANN VAN CLIEF) PRES

3-2486

(212)644-0774

CR2E037 (1097)